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TO: _____

FROM: BRINKS FAX

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COMMENT:

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APR 12 2006

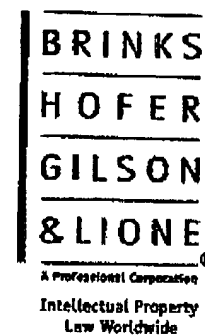
Date: April 12, 2006

To: Commissioner for Patents
Fax No: (571) 273-8300From: G. Peter Nichols
Tel. No: 312.321.4276Your Ref. No.: U.S. Serial No. 10/731,612 (Dils et al.)
Our Client/Matter No.: 10710/623 (PTG 0633 PUS2)No. of Pages
(inc. this page): 6

Confirmation Copy To Follow: Yes No

IF YOU HAVE ANY PROBLEMS RECEIVING THIS MESSAGE,
PLEASE CALL 312-321-4200 AND ASK FOR: Alexandra Manolas - Ext. 3448

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| | |
|---|--|
| CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8 I hereby certify that this correspondence is being sent by telephone facsimile to (571) 273-8300: Date: <u>April 5, 2006</u> Name: <u>G. Peter Nichols</u> Signature: _____ | |
|---|--|

**BRINKS
HOFFER
GILSON
& LIONE**
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: Dils et al.

Appln. No.: 10/731,612

Filed: December 9, 2003

For: ERGONOMIC MITER SAW HANDLE

Attorney Docket No: 10710/623 (PTG 0633 PUS2)

Examiner: Nguyen

Art Unit: 3724

 Commissioner for Patents
 P. O. Box 1450
 Alexandria, VA 22313-1450

TRANSMITTAL

Sir:

Attached is/are:

- ☒ Supplemental Response
☐ Return Receipt Postcard

Fee calculation:

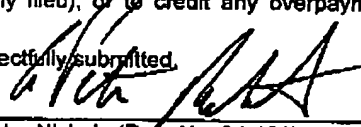
- ☐ No additional fee is required.
☐ Small Entity.
☐ An extension fee in an amount of \$_____ for a _____-month extension of time under 37 C.F.R. § 1.136(a).
☐ A petition or processing fee in an amount of \$_____ under 37 C.F.R. § 1.17(____).
☐ An additional filing fee has been calculated as shown below:

| | | | | | Small Entity | | | Not a Small Entity | |
|---|----------------------------------|-------|---------------------------------|---------------|--------------|-----------|----|--------------------|-----------|
| | Claims Remaining After Amendment | | Highest No. Previously Paid For | Present Extra | Rate | Add'l Fee | or | Rate | Add'l Fee |
| Total | 9 | Minus | 20 | 0 | x \$25= | | | x \$50= | 0 |
| Indep. | 1 | Minus | 3 | 0 | x 100= | | | x \$200= | |
| First Presentation of Multiple Dep. Claim | | | | | +\$180= | | | +\$360= | |
| | | | | | Total | \$ | | Total | \$0 |

Fee payment:

- ☐ A check in the amount of \$_____ is enclosed.
☐ Please charge Deposit Account No. 23-1925 in the amount of \$_____. A copy of this Transmittal is enclosed for this purpose.
☐ Payment by credit card in the amount of \$_____ (Form PTO-2038 is attached).
☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925.

Respectfully submitted,


 G. Peter Nichols (Reg. No. 34,401)

 April 12, 2006
 Date

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I hereby certify that this correspondence is being sent
by telephone facsimile to (571) 273-8300 on

April 12, 2006

Date of Transmission

G. Peter NicholsName of applicant, assignee or
Registered Representative
SignatureApril 12, 2006

Date of Signature

**Case No. 10710/623
(PTG 0633 PUS2)****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Dils et al.

Serial No.: 10/731,612

Filed: December 9, 2003

For: ERGONOMIC MITER SAW HANDLE

Examiner: Nguyen

Group Art Unit: 3724

SUPPLEMENTAL RESPONSE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated January 12, 2006, please reconsider the
claims in light of the following amendments and remarks.